

CHICAGO MEDICAL JOURNAL.

VOL. IV.]

MAY, 1861.

[NO. 5.

ORIGINAL COMMUNICATIONS.

RARE CASE OF SPINA BIFIDA.

BY CHAS. M. ANDERSON, M.D., Minneapolis, Minn.

On the 16th of Nov. 1858, Mrs. N. was delivered of her second child. Nothing unusual was experienced during pregnancy, except a slight dyspepsia about the fourth and fifth months. The labor and presentation were natural. On examination of the child (a female), I found a Spina Bifida. The tumor was about the size of a hen's egg—somewhat pear-shaped, with the smaller end attached by a good sized peduncle. It did not differ from ordinary spinal tumors except as to locality. It was situated *between the occipital protuberance and the foramen magnum*—apparently emerging from a fissure in the posterior margin of the latter.

The child lived five weeks. It gradually became emaciated and died of vital exhaustion. The tumor remained nearly the same in size and appearance until death. The parents were adverse to any treatment which might look like "experiment."

Consequently little or nothing was done. No *post mortem* was allowed.

In other respects the child was well formed. The head and spine appeared natural, and for several weeks it took its food with a good appetite. I have examined the record of cases in the different books and periodicals at my command, and find this to be a very unusual case. Hence I have deemed it desirable to place it on record.

Prof. Brainard, in an excellent article on *Spina Bifida* in this *Journal* for Sept. 1859, speaks of a little girl, aged about six years, with *Spina Bifida* situated at "the occipital protuberance," "of the size and shape of a pear." This is about the only similar case that I find any notice of.

Rokitansky, however, has this remark: "The most common situation of *Spina Bifida* is the lower dorsal and lumbar region. Fissure of the sacral vertebræ is more rare: sometimes it occurs in two places together, and then usually one fissure is in the *neck*, and combined with *hemicephalus*, while there is another in the lumbar region."—*Vol. 3, p. 177, of Path. Anat.*

The above is certainly a rare case, but it is not alone in the science, several others being found scattered through different books, journals and transactions of societies. It does not appear that the death resulted from the malformation, although a deficiency of parts of the nervous centres sometimes co-exists, with *spina bifida* incompatible with prolonged life. In regard to treatment it is doubtful if a case can be found on record of such a tumor in that situation treated in any way. If the child had survived I should have had no hesitation in advising the injection of iodine according to the rules laid down in the publication referred to by Dr. Anderson.

As this method is still regarded by many as experimental, I take the liberty of publishing a private letter from Dr. Ellinwood, of this city, a young gentleman now completing his medical studies in Paris, which indicates the estimation in

which it is held in France. Some of the cases treated in this country have been either unsuitable for any operation, or the operations have been repeated unnecessarily and performed imperfectly. There is indeed no class of cases requiring more careful discrimination and no operation demanding more careful attention to details and perfect adaptation of instruments. In the hands of M. Nelaton there is little danger of its losing credit. [B.]

PARIS, March 26th, 1861.

PROF. BRAINARD—*Dear Sir* :—It was with much pleasure I witnessed yesterday your operation for Spina Bifida performed by M. Nelaton, as "Brainard's Method," in his crowded amphitheatre. The distinguished Professor made some very interesting remarks on the disease; adopts your excellent memoir on the subject, and concludes that your operation—Iodine Injections—offers the greatest probability of success.

M. Viard is the author of an elaborate paper on Spina Bifida which was read before the "*Société de Chirurgie*" in November last, and published in the *Gazette des Hopitaux*. He reports your cases and many others treated by your method, showing very satisfactory results.

Very respectfully,

C. N. ELLINWOOD.

TREATMENT OF UNUNITED FRACTURE.

IOWA CITY, April 10th, '61.

PROF. BRAINARD—*Dear Sir* :—I have the satisfaction this morning of adding another link to the chain of testimony in favor of your mode of treating ununited fracture.

The man Dwire, with ununited fracture of humerus, I have this morning "turned out" with a sound bone.

There is, (as we always expect in such cases), much emacia-

tion and want of muscular motion, in the affected arm, which a few weeks, with his general good health, will rectify.

Yours in haste,

J. C. STONE.

The above case was one of fracture of the humerus, of over a year's standing, in which exsection had already failed according to the statement of the patient. It was therefore very unfavorable. [B.]

REMOVAL OF PAROTID TUMOR.

BY R. L. REA, M. D.,

Prof. Anat., Rush Medical College.

Mr. J. B., of Earlville, Ill., applied to me on Dec. 6 last on account of a tumor in his left parotid region. He was a young man, 22 years of age, farmer by occupation, of robust appearance, and had always enjoyed uninterrupted health. He received a blow on the seat of the present enlargement two years since. Soon after he noticed the beginning of the present tumor, which has continued to grow steadily and painlessly, but slowly, ever since, until within two months ago, when it began to increase much more rapidly, and, becoming alarmed; he desires its removal.

The tumor now occupies the space immediately below the ear, extending from it above, to a line parallel to and half an inch below the lower jaw, and from an inch behind the posterior margin of the sterno mastoid, forwards overlapping the ramus of the lower jaw to the same distance, making a tumor double the size of a hen's egg.

The tumor was nodulated, readily moveable, though it seemed to be attached by a small part of its deep surface, behind the ramus of the jaw. There was no tenderness on pressure, and while it seemed quite firm, there was undistinct fluctuation over a portion of it. It has never been painful in the slightest degree; no discoloration of the integuments, to

which it is closely attached, but seems, on a careful examination, to be free on its under surface, with the exception before mentioned.

On the following day, assisted by Dr. Lynn, and Messrs. Comstock, Minesinger and Mehler, students of Rush Medical College, I proceeded to remove it.

I made a crucial incision over the body of the tumor, found it enclosed by an almost cartilaginous capsule; after opening which, I had no difficulty in enucleating it, the point of adhesion, which I correctly supposed to exist behind the ramus, being carefully separated by the point of my finger.

No difficulty was had in its removal, and no vessels divided requiring ligature. The wound was closed by suture, except the lower section, which was left open to allow free exit to pus.

Dec. 8—Swelling considerable; ordered cold water dressings.

Dec. 9—Swelling still increasing; headache, with some fever, and wound quite painful. Upon examination I found the wound had healed almost entirely by first intention—the portion without suture healing with the balance, and the consequence was an accumulation of pus. A free discharge of matter followed opening it, removed the other stitches and and placed a tent in it. Ordered a saline cathartic and continuance of cold water.

At my visit the following day I found his febrile symptoms much abated; wound discharging; swelling diminishing, and from this no unusual symptoms occurred, and on the 12th, five days after the operation, he returned home.

The interest attaching to this case is in the relations of the tumor to the Parotid Gland.

It might readily have been mistaken for the Parotid from its situation and removed as such, while in reality it had no connection with it except at a very small part of its deep surface. The lower portion of the Parotid was found atrophied from pressure by the tumor, but that it was not enlargement

of the gland itself, was abundantly proven in the fact that none of the necessary results followed its removal.

It will be recollected that the formation of the External Jugular vein, by the union of the Temporal, Maxillary and Posterior Auricular veins takes place in the substance of this gland.

The Auricularis Magnus nerve, the largest ascending branch of the superficial cervical plexus, breaks up into its distributive branches, many of which join the Facial nerve, upon the Parotid.

The Auriculo-temporal, a branch of the fifth pair of nerves, passes behind the neck of the jaw upwards to the side of the head under cover of the Parotid. Whilst opposite the neck of the lower jaw it sends branches to join the Facial. The Internal Carotid artery and Internal Jugular vein rest closely against its inner surface.

The External Carotid artery passes upward directly through the gland, and while imbedded in its substance breaks up into its terminal branches, Internal Maxillary and Temporal, and gives off its Transverse Facial branch.

The Parotid completely embraces the artery and extends some distance beyond it, lying between the neck of the lower jaw and Mastoid process, occupying the posterior portion of the Glenoid cavity and resting against the Styloid process and Styloid muscles. It also embraces the ramus of the lower jaw extending beneath it forward between the Pterygoid muscles.

But by far the most serious complication in the relations of the Parotid, in reference to its extirpation, is the Facial division of the seventh pair of nerves. This nerve is one of motion, supplying the muscles of the side of the face. It escapes from the cranium at the Stylo-mastoid foramen, then passing forwards, divides behind the ramus of the jaw in the substance of the Parotid gland into its terminal and distributive filaments, which, spreading out in it, radiate to all parts of the side of the face, extending their supply from above the eyebrow to below the chin.

It will be seen by examining the relations here mentioned that the removal of the Parotid, while it is not impossible by any means, is nevertheless one of the most important and delicate in Surgery. The Facial nerve, from the delicacy of its filaments, and the intimate manner in which they are blended with the structure of the gland, renders their preservation in the removal of the entire Parotid an *impossibility*.

The complete removal of the Parotid will invariably be followed by paralysis of the muscles supplied by the Facial nerve of the affected side, the measure of paralysis being determined by the amount of gland removed, and consequent destruction of nervous substance. Any one who has carefully examined the relations of the gland on the dead subject, must have been struck with the amount of care required to detect any fair proportion of the distribution filaments of the nerve—much less to preserve them.

How vastly more difficult must be the task when the parts are filled with blood, bleeding at every point, and especially in that wedge-shaped mass of it filling the sulcus between the jaw and mastoid process, reaching behind the ramus, directly through which pass the primary trunks of this most important nerve. Add to this the fact that the diseased action necessitating its removal, has most probably caused adhesion to surrounding parts, and we may form some idea of the difficulties in the way of its removal leaving the nerve in its entirety.

These remarks and objections are intended of course to apply to normal formations and distribution of the several parts. I could imagine a case in which we had an abnormally small and favorably placed Parotid, the Facial nerve for instance passing entirely beneath it, when the termination might be entirely favorable. I think the cases where it is reported to have been removed, paralysis not following, must have been thus abnormally favorable.

I have said nothing of the External Carotid, the wounding of which is a matter of comparatively little consequence.

DE WITT COUNTY MEDICAL SOCIETY.

The Society met in annual session at the office of H. Goodbrake, in Clinton, on the second day of April. The President, Dr. J. H. Tyler, in the Chair.

The minutes of the previous meeting were read and approved.

On motion of Dr. Edmiston, Dr. Edwin Wallace Gideon was invited to participate in the proceedings of this meeting.

The following officers were then elected for the ensuing year:

Z. H. Madden, M. D., President; Thos. W. Davis, M. D., Vice President; Thomas K. Edmiston, M. D., Treasurer; Christopher Goodbrake, M. D., Secretary. John Wright, M. D., J. H. Tyler, M. D., J. C. Ross, M. D., Censors.

Delegates to the Illinois State Medical Society—John Wright, M. D., B. S. Lewis, M. D., and Christopher Goodbrake, M. D.

Delegates to the American Med. Association—J. H. Tyler, M. D., and Z. H. Madden, M. D.

The President elect then took the chair, and made a few very appropriate remarks which were well received by the members of the Society.

Dr. J. H. Tyler, the retiring President, then delivered the following valedictory:

Gentlemen of the De Witt County Medical Society:

We have met again in annual session, for the purpose of deliberating upon and discussing those diseases which have prevailed in our respective fields of labor since our last annual meeting, and to transact such business as is prescribed by the By-Laws of this Society; such as the election of officers for the ensuing year, the appointment of essayists, and the selection of subjects for investigation.

Gentlemen, permit me to direct your attention to a few facts relative to some of the diseases which have prevailed during the past year within the circuit of our county.

Among the great variety of diseases, if there is any one which has stronger claims upon the attention of the members of this Society, than any other, it is Diphtheria—from the fact of its extensive prevalence and great fatality during the past year. Doubtless this annoying difficulty which has recently visited our region, will receive especial attention at this session of the Society.

Quite a number of cases of dysentery occurred last autumn, but fortunately most of which, under appropriate treatment, terminated favorably; some, however, were of the gravest character, and notwithstanding they received scientific and well directed management, rapidly progressed to a fatal issue.

Malarious fevers, such as have been heretofore regarded unalarming and easily cured, assumed a condition peculiarly annoying to the practitioner and dangerous to the aged and infirm—many attacks bidding defiance to the most potent remedies and ultimately destroying the patient's life. One of the most prominent and useful citizens of this town, and an officer of this county, was ushered into eternity, by one of these attacks of bilious fever, in defiance of the best medical skill our county affords. Many other cases resisted all therapeutic means that could be devised, and death was the final result. The severe character assumed by these diseases the past year, in our midst, should excite a thorough investigation of malarious diseases.

Gentlemen, we now propose to say something in regard to this Society, as it appears necessary in all cases to take a retrospective view of our past history, in order to ascertain whether we have accomplished anything worthy of merit, or deserving of censure; and then we will be able to determine with some degree of accuracy whether this organization has effected or is approximating the object for which it was instituted.

On the 8th day of March, 1856, a few physicians met in this town at the office of Drs. Goodbrake & Edmiston, and after a free interchange of opinions in regard to the benefits that would be likely to accrue to the physician as well as to the afflicted, from a Medical Association in our county, the following resolution was adopted :

"That we, the Practitioners of Medicine and Surgery of De Witt County, for the purpose of promoting harmony and good fellowship, and of elevating medical and the collateral sciences, do associate ourselves together, &c."

After which officers were elected, a Constitution and By-Laws adopted, and in order to more clearly define the duty of physicians to their patients, the public, and their professional brethren, the National Code of Ethics was adopted. Since the meeting referred to, which constitutes the starting point of this Society, six annual and fifteen quarterly sessions have been held in different portions of the county, at every one of which interesting cases have been reported, able essays read, and the pathology and treatment of diseases thoughtfully discussed and carefully considered. Accessions have also been made, from time to time, to this organization, until at present nearly every regular practitioner in the county has become a member and contributes to its interests, and derives the inestimable benefits accruing from such a connection. There are doubtless quite a number in this county who receive the appellation of Doctor, and who are attempting to palm themselves upon this community as such, and who desire to be connected with this Society, but do not possess the necessary qualifications to entitle them to membership in this Society, and are therefore without the organization from necessity and not from choice.

The good feeling and friendly intercourse contemplated in the organization have been realized to a creditable extent, and our consultations, in the main, have been conducted strictly in accordance with the National Code of Ethics. But owing to circumstances (we trust of an unavoidable character)

some of our members have, in a very perceptible degree, transcended the bounds of medical propriety. Such being the case, we trust the reclaiming powers of the Society will be manifested in an effort to extricate these members from the unpleasant dilemma in which, as we fear, they have voluntarily placed themselves.

On motion, the thanks of the Society were tendered to Dr. Tyler, and a copy of his address requested to be incorporated with the minutes of this meeting.

Dr. Tyler reported a case of Endo-Carditis.

Dr. Madden reported a case of Uterine Hæmorrhage.

Drs. Edmiston, Adams and Davis were appointed Essayists for the next meeting.

Diphtheria was chosen as the subject for discussion at the next meeting of the Society.

On motion of Dr. Wright, it was ordered that the proceedings of the meeting be published in the *Central Transcript*; also in the *Chicago Medical Journal*, and *Medical Examiner*.

On motion, the Society adjourned to meet in quarterly session, at Santa Anna, on the first Tuesday of July next.

C. GOODBRAKE, M. D., *Secretary*.

EDITORIAL.

Practical Suggestion to Writers.—When you make a prognosis, don't have it printed until the event transpires. You will thus, on the one hand, escape mortification, and, on the other, gain great credit for acuteness and sagacity.

When you operate on a poor devil, always report the case while the patient is still living, or if, as is more than likely, he dies—don't trouble yourself to write out the history beyond the time when he was "as comfortable as could be expected." Remember that the chief point of interest with the profession in cases of this kind is, to know whether the surgeon still survives.

When you treat a fracture, or any case requiring mechanical appliances, never use any apparatus, however well adapted to the case, which any other man has used, or dreamed of using. Thus doing, should your patient accidentally recover with no more than two or four inches of shortening of the limb, or similar deformity, you can report the case with a description of the machinery employed, and thus get some other surgeon prosecuted for malpractice. *Mem.*—Suits of this kind serve to keep the profession before the public, and you perchance may be referred to as authority.

When you write, spare not the adjectives, but "pile up an appalling agony,"—for then shall all readers say: What manner of man is this, that even the "horrible" and "atrocious torments" flee before his scalpel, as consciousness before Letheon vapors!

When you fairly set out to report a questionable case, don't be mealy-mouthed about it—but make a sensation of the raw material, mindful of the (*modern*) scriptural apothegm: "It's of no use to be a fellow, unless you're a devil of a fellow."

When you report any system of treatment adopted by you,

it were fitting to record only those cases which escaped with life, especially if after commencing upon the treatment, they present any alarming symptoms. In this manner you can illustrate the wonderful powers of the human system. You see at once if you should publish the cases which died "*in spite of the treatment*," it might tend to prejudice the profession against your system or methods, and *prejudices* ought not to be encouraged in an elevated and enlightened community.

Alcohol in Tuberculosis.—The Cleveland *Medical Gazette*, commenting on the conclusions of Dr. Davis upon this subject, observes that the author "is an ultraist on this question, and we are satisfied the *present* experience and opinions of the most of the profession do not coincide with these presented by him."

The *American Medical Monthly*, referring to the same paper, says:

We do not know that it would be possible to make Dr. Davis look with complacency upon any use of alcoholic drinks. From his papers, including with this some upon kindred topics, we judge that he is an uncompromising teetotaler; a man very good in his way, but not on that account the most fit person to judge of the effects of alcoholic drinks. Be that as it may, Dr. D. says, that within eight years "the idea was announced and rapidly circulated," that Bourbon whiskey and lager bier would prevent or retard the development of pulmonary tuberculosis. Immediately, he commenced a record of all his well-marked cases of tuberculosis, and this is the result of 210 such cases. Of these, 68 had used alcoholic drinks almost daily; 91 had used them occasionally; 51 had wholly abstained. Of the daily drinkers, only 15 "were such as are usually called drunkards," and 5 of these had delirium tremens when admitted to the hospital.

From these premises the author argues, that these drinks do not prevent or retard the development of tubercle, for these, in fact, are the premises, though drawn out by brief reports of several cases. But the conclusion is not logical. No one has asserted that a person who drinks alcoholic beverages will not have consumption. If such a statement *had* been made,

these cases, or rather three-fourths of them, would prove it false. We do not remember to have seen or heard "the idea announced," which was the cause of the statistical record of our author; but in order to meet such a statement, observation must be made on a more extended scale. Thus, it doubtless is true that a good portion of the population of Chicago, especially of the class of poorer foreigners, from whom most of Dr. Davis' patients were drawn, drink wine, beer, or the stronger spirits, either occasionally or habitually. Now, does phthisis pulmonalis prevail among them more than among teetotalers? Do those who are of tuberculous families develop this disease more certainly or more rapidly if they use these beverages than if they totally abstain? We do not intend to be understood to answer these inquiries in the one way or the other, but to show how the author of this paper wanders from the logical answer to the inquiry which is his text.

In fact, Mr. Davis' argument might be turned against his own position, as in this way: Of the adult population of Chicago, it is a large allowance, that *one-tenth never* drink alcoholic drinks, including wines and beer. We find in the record, that of the 210 cases, 51 were teetotalers; that is, nearly one-quarter of the patients were from a class which would be fully represented by one-tenth, 21 instead of 51.

No doubt the records were made and the paper prepared with the best of intentions, but it is our duty to point out the fact that it is illogical, and being so, it fails of its intended purpose as an argument.

May we go so far out of our way as to say that this want of logic has been the cause of many of the errors made by the leaders of the total abstinence movement? Utopian ideas of what should be and can be done, have repeatedly led them to enact laws, such as that known as the Maine law, which have been inevitably followed by a reaction, and intemperance thus been increased, not diminished. But it is always thus with enthusiasts, and we must endure this infirmity of our nature.

It is worth noticing in this connection that there is nothing more worthless than so-called medical statistics, as too frequently compiled. In practical medicine there is scarcely anything more deceitful than the multiplication table. You can accumulate case upon case in myriads, and yet unless there is something "prerogative" about them, they prove nothing.

Is it necessary in this age of progress to repeat this simple philosophical proposition? It would seem so.

Now alcoholic beverages may beget the necessary conditions of tuberculosis, by inducing local changes in the chylopoietic viscera, thus causing imperfection of the nutritive and assimilative processes. So may endemic, epidemic or even sporadic diseases. So may the bran bread and water gruel of the vegetarians. So may debilitating influences of any kind, sexual excesses, mental emotions, inordinate bathing, &c., &c. You can prove each of these propositions by manifold and multitudinous experience and statistics. All these various, and sometimes apparently opposite, causes have one essential link of connection, and this is the grand, Baconian, "prerogative fact" of the series, they prevent or exhaust the nutrient supply of normal blood. Whether we believe that there is excessive metamorphosis of tissue, thus impairing the quality of the blood; or (as some believe) too little metamorphosis, either from deficient sanguineous pabulum or whatever cause, it is seen in every case that we must come back to the blood and blood-influencing processes in every case. It is as true now in the light of modern science, as centuries ago in the light of inspiration: "The Life of man is in the blood." The teeth and salivary glands, the stomach and entire digestive and assimilative organization; a localized organ, or the pervading nervous system; the character of food and drink, the habits or meteorological surroundings, may each, or all combined, tend to render that blood either incapable of building up healthy tissue in a normal manner, or of supplying the waste of metamorphosis—or, perhaps, surcharging it with imperfectly organizable material which exudes from the vessels among the textures, but not to become of them.

An almost infinite variety of remedies have been proposed for "consumption"—and each of them has been from time to time backed up by a formidable array of statistics. Blood-letting and Mercurials, Antimonials and Digitalis, Cicutifuga and Chlorate of Potash, Prussic Acid and Strychnine, Hot

Water and Cold Water, Canada and Cuba, the Mammoth Cave and California, the Cow Stable and the Sugar House, with a multitude other which no man can number even with the aid of the "medical multiplication table," have each had their advocates and their statistics. Legitimate medicine has been sneered at for its apparent contradictions in this respect. The sneer is uncalled for—the scepticism based upon it is unfounded. This is not a Gordian knot which needs cutting even by a surgical scalpel—it can be untied in a trice, by any reasonable thinker. Any—nay, the most antipodal agencies may be required in cases labelled Phthisis.

It is almost incomprehensible that professional gentlemen who have repeated again and again the truism, no case of disease is to be treated simply on its name, but solely according to its indications in the particular case, should now be going about seeking what is not, or is "good for Phthisis." Deluded Friend—Phthisis is not an entity attacking the poor patient as Joab smote Amasa—it is not a spirit from the vasty deep attacking with its unseen javelins the "properties" of the tuberculous lungs, but an effect, the concrete sum of all the causes operating upon the system. Each case is to be scrutinized in all that influences it, and when the morbid causes and results are discovered, they are to be met, not necessarily by Alcohol or even Chlorate of Potash, but, *according to the indications*, precisely as you would rationally treat any other form of disease. We may conceive thus that even the most opposite methods may be called in to assist, not for the phthisis, but to aid in so far as competent in removing its local or general causes.

In the case before us—that Alcohol will beget phthisis is indubitable. Who has not seen cases of "Rum Consumption?" That it will often aid immensely in the relief or actual cure of the disease, are there not abundant evidences? Hundreds of physicians, aye and as good teetotallers as the essayist himself, can attest the fact in their own experience and observation. "There is a soul of goodness in things

evil,"—even in Alcohol. Mercurials have been abused in practice; shall they therefore be abandoned? As elsewhere written, that which is capable of producing a change in the system is truly medicinal and salutiferous, if that particular change is needed. If that change is not needed, it is a poison in use. In this sense Alcohol may become a poison, and, as such, ought not be employed, here or elsewhere.

Syphilization.—This intolerable, yet apparently interminable, nonsense still finds advocates in Paris. It will be recollected that the first two young men who volunteered inoculation fell victims to the folly. One died of the disease, and the other committed suicide under its deplorable effects upon the system.

M. M. Sperino and Boeck assert:

1. That repeated inoculation with chancreous virus produces immunity.

2. The symptoms of constitutional syphilis disappear under the influence of the inoculation.

3. Syphilization acts in a beneficial manner on the health of the patients.

To all of which we demur and return thereupon the Scotch verdict—*not proven*. It is painful to see such respectable journals as the *Gazette Hebdomadaire* giving publicity to such superlative trash.

It is not necessary that because a man is a Doctor, or even a medical writer, that therefore he should be an ass. But if the truth of the propositions above given could be shown, it would be glorious news to some of the Chicago roughs. "A hair of the same dog," &c. *Vive la bagatelle!*

Deaths.—A very considerable mortality is prevailing among the Medical Journals. We have not space for appropriate obituaries. Not one of them but had a large stock of original vital energy, but *pabulum vitæ*, in the shape of paid-up

subscriptions, was wanting. *Quis talia fando temperet a—cogitationibus!* Gentle Reader, how stands your account with the C. M. J.?

Philadelphia Colleges.—It is understood that in consequence of the slight bonds which now hold "these (remaining) United States" together, and in view of the contingency of impending isolation, of that city, all the appointments to positions now, or about to be, vacant, will be made from among the citizens of Philadelphia only. Unpleasant news certainly to sundry outsiders, but clearly politic so far as the residents of that county are concerned. It is always advisable to take in sail during storms.

Ascarides.—Dr. Wm. Scofield, in the *Journal Mat. Med.*, recommends: "Oil of Turpentine and oil of Pumpkin seed, of each half an ounce; rub them together with the yolk of an egg, and suspend the whole in a pint of water. To be used as an enema." Plain common salt water, or, better perhaps, a suitable quantity of infusion of quassia, or other vegetable bitter, with a spoonful or two of common salt thrown in, is equally as effective and more convenient. We look upon common salt, freely administered, as the best permanent remedy for this sometimes troublesome affection. It is equally efficient against lumbrici. Parents ought to see to it that their children's food is thoroughly seasoned with salt—a thing too often neglected with resulting mischief of this and other sort.

Puerperal Convulsions.—This subject is again attracting considerable attention from the medical press. Irrational methods based upon false pathology are being discarded in the better circles of practice. It is beginning to be understood that the convulsions of the puerperal state, are by no means analogous to those resulting from apoplexy or encephalic inflammation. Generally the convulsion is a reflex

nervous phenomenon—hence amenable to chloroform and other sedatives and antirritants. Sometimes it is really dependent upon uterine hæmorrhage. Convulsions are among the common sequelæ of hæmorrhage whatever the source. They can be produced at will in the lower animals by cutting off or materially reducing the supply of blood to parts. The well known experiments of Dr. Radcliffe forcibly illustrate this. Bloodletting may by its immediate and powerful influence upon the nervous system, sometimes control the eccentric nervous phenomena, but this effect can usually be better secured by other and non-spoliative agents. It is safe to say that excessive bloodletting in puerperal convulsions is not in accordance with the dictates of modern science—nay, more, it is utterly opposed to them. Repeated bloodletting in the same case is either preposterous or worse. Chloroform or Ether, the warm bath, properly selected narcotics, or even stimulants, in their modern use, have wonderfully lessened the terrors and dangers of this formerly often fatal difficulty. Bloodletting possesses a potent influence over the nervous system in common with many other agents; but besides this it wastes and spoils the powers of life. Why use the, collaterally, destructive agent, when others are at hand without attendant peril? The gross mechanical notion of pressure of blood upon the great nervous centres ought by this time to be abandoned, and with it the practice based upon it. Some persons are beginning to ascertain that there is a nervous system, implanted on the organic framework.

Rationale of the Action of Mercurials.—A contemporary endorses the opinion that the action of Mercurials consists in the *restoration of capillary power*, and considers that this affords “a wonderful clearing up of many of the apparent inconsistencies, incongruities and mysteries of their operation. Their alterative effect in chronic inflammation is immediately revealed. They correct the unhealthy state of the capillaries by causing them to contract upon their contents.”

In other words, the restoration or increase; sometimes also, be it recollected, the diminution of secretion; the resolution of tumors and indurations; the absorption of exudations and effusions, and relief of chronic inflammations, is brought about by the capillaries contracting upon and hence squeezing out their contents. Compendious, truly! All that is requisite then to replace this so much dreaded and maligned mineral is to find something which will squeeze out the contents of the capillaries, as he of the "Institutes" has the varied secretions squeezed through *open pores*. Here is a chance for immortality in dethroning King Mercury. Wanted—A power to squeeze out the contents of the capillaries! Will cold, or pressure, or electricity, or animal magnetism do it? Seriously, however, the advance of physiology has shown, if anything, that there must be material changes developed wherever a manifestation of power, or "property," is to be presented. The condition of the capillary depends upon the blood which it contains, the cells and fluids around it, and the nerve conductors by which changes within and around it are influenced. The poisoned, medicated or healthy blood directly impress the capillary parietes; molecular changes at the other extremity of the nerve conductor influence it; direct or communicated modifications in the cells and fluids around control it. Each and all of these are to be taken into account in studying the changes induced in the part affected by this or any other medicine or agent. The contraction of the capillary is but a single incident in the series of phenomena. The microscope is eloquent and conclusive here. The intimate changes characteristic of simple vegetative life are carried on by fluid, capillaries and cells alone—these influenced only by the nutrient fluids drawn from the soil beneath, gases from the air around, and local causes in the growing part. In the animal there is superadded a nervous system which links even the remotest parts, so that a molecular change in one, through the beautiful conducting nerve fibre, influences molecular change and action in the other. Mercury interferes largely with one or

all these molecular changes, beneficially or otherwise, as the case may be. It is probable, from the phenomena observed, that it especially increases the rapidity of cell actions, sometimes perhaps diminishing them, but always by changing molecular action in the part. Whether the capillary contracts or dilates thereupon, is altogether a secondary matter, as much so as when a muscle contracts whether extension or flexion results.

How long will, otherwise enlightened, physicians consent to receive either, on the one hand, the flatulent abstractions of old galvanized vitalism, or, on the other, bald mechanical and chemical fancies? It may be laid down as a solid axiom that whatever influences the animal body produces a molecular change in it—thus whether it be from so-called physical or mental forces. It is nonsense to call a man a materialist because he points out the demonstrable fact that even the mind itself, in the spacious or restricted circuit of its musings or manifestations, continually disintegrates the tissue upon which, or through which, it operates. It is this disintegration or molecular change which enables the organized part to manifest its "properties" of whatever character. When we get rid of a little more of the *debris* of old solidism, we shall see more clearly into very many things. The good work is going on, notwithstanding the *reactionaires*, with Don Quixotte-de-la-New-York at their head. Courage, Friends!

Cardiac Disease.—Prof. Flint, in a recent clinical lecture at New Orleans, observes: "Patients affected with merely functional disorder, have their attention concentrated on the heart, and are with difficulty persuaded that they have not organic disease; while patients really affected with organic disease, are disposed to attribute their symptoms to an affection of some other organ; for example, the liver or the stomach."

This curious fact is attested by other observers. It is well known that in phthisis there is a similar feeling. Pertinent

to this is an old Hibernicism by an Irish physician, himself affected with phthisis: "I know, by this token, I have sorra a bit of consomption about me, for, bedad, I believe I have."

A Practical Treatise on Phthisis Pulmonalis; embracing its Pathology, Causes, Symptoms and Treatment. By L. M. LAWSON, M. D., Prof. of Clin. Med. in the Univ. of Louisiana, &c. Rickey, Mallory & Co., (now Rickey & Carroll,) Cincinnati; 1861. From the Publishers.—"Good wine needs no bush," neither does the name of Prof. Lawson require any introduction to the Northwestern public. Everywhere he is known as an earnest, industrious, acute and sagacious medical scholar and practitioner. When it was first announced that he was about to publish a book on Phthisis, we confess to a temporary dissatisfaction with the choice he had made of a subject. The classic treatise of Dr. Walshe, and the learned, elegant and philosophic work of Prof. Flint, respectively, seemed to leave the field barren for other writers for some considerable time to come. But on perusal of the work as it now lies before us, we admit our mistake, and return our sincerest thanks to Prof. Lawson for his very valuable contribution to American Medical literature.

This is emphatically an American book, and cannot be properly replaced by any other work extant on the subject. The author's investigations upon the subject of the various local climatic influences of our widely extended country, are invaluable and practically highly suggestive. He is of the opinion that the disease is much more prevalent at the North than the South. This opinion, although a very general one, nevertheless has been strongly contested. His argument, from the facts, seem quite conclusive of discussion. The four principal divisions of the subject: Pathology, Etiology, Semeiology and Therapeutics, are each carefully considered and elaborately set forth. Among many things which we should be pleased to reproduce on our pages, we select his summary of the characteristics of tubercle:

"1. The tuberculous element originates in the metamorphosis of the tissues.

"2. It seeks elimination through the lungs, and may continue to pass, in certain quantities, for an indefinite period, without inducing local deposits.

"3. When the morbid element reaches a certain degree of concentration, or when, by long-continued action, it produces a morbid effect on the lungs, local deposits take place.

"4. The first deposit is the elementary morbid substance known as the amorphous stroma; this is followed by the development of molecular granules and peculiar cells, which constitute *tubercle*.

"5. After the existence of solid tubercle for a given period, it softens, and the debris seeks elimination through the bronchial tubes.

"6. The morbid action extends to the adjacent tissues, causes inflammation, softening, and disintegration, too often resulting in fatal disorganization.

"7. The perfect uniformity of tubercle throughout the body, in whatever tissue or organ deposited, exhibits strong evidence of the specific character of the disease, and that it could not originate from the ordinary derangements of nutrition.

"8. The chemical and histological character of tubercle favor the opinion that the whole process is specific in origin and development."

The therapeutics of Phthisis in the main coincide with those adopted by the better informed classes of American physicians. Alcoholic stimulants, tonics, cod liver oil and other nutrients, are the most highly esteemed.

We conclude with his summary of conditions of cure:

"The conditions which justify favorable prognosis may be thus stated:

"1. When the tubercles are limited to one lung, are not very extensive, and have not been associated with inflammation, either as a sequence or an inducing cause.

"2. The general health remaining in a fair condition, without rapid emaciation, fever, or derangement of digestion.

"3. A hereditary tendency to phthisis being slight or entirely absent.

"4. The patient possessing naturally a good constitution, with a sanguineous or nervo-sanguineous temperament.

"5. The occupation being favorable, or at least not of a

character to induce phthisis, or the patient being in a condition to make a change to a more suitable business.

"6. The patient having confidence in his medical attendant, and a willingness to submit to treatment, and the ability to avail himself of all incidental means and conditions capable of favoring his recovery, including a change of climate.

"7. A cheerful and hopeful mental constitution, and a desire to contribute his share to the successful treatment.

"These are conditions which justify a favorable prognosis, although patients may, and often do recover, when the circumstances are much less propitious.

"The unfavorable elements of prognosis may be thus enumerated:

"1. When tubercles occupy both lungs, to a considerable extent, or involve a large portion of one.

"2. When the disease has advanced to the stage of softening, with extensive disorganization of the pulmonary structures.

"3. The general health being greatly impaired, as shown by the existence of extensive emaciation, deranged digestion, hectic fever, and night-sweats.

"4. A decided hereditary tendency to phthisis, and especially if received by a son from a father, or a daughter from a mother.

"5. A naturally feeble constitution, with a phlegmatic or bilious temperament.

"6. The occupation being unfavorable, and the patient not able or willing to make the proper change.

"7. The patient being of a fickle disposition, wanting confidence and perseverance in medical treatment, and unable or unwilling to secure the advantages of a change of climate, and other incidental means of relief."

Tracheotomy in Croup.—The *Boston Med. Jour.* records two recent cases of tracheotomy in croup, in which each recovered. Ages respectively $5\frac{1}{2}$ yrs. and 1 yr. and 7 months.

Action of Potash, Soda, &c., on the Urine.—Wm. Moss, M. D., of Philadelphia, reports in the *Am. Jour.*, April 1861, a series of experiments, on himself, with reference to the effects of various substances upon the urinary secretion. As the result of this inquiry, it was found that the Acetate of

Potash still maintains its superiority in every respect as an eliminant through this channel—increasing to the greatest extent both the solid and fluid excretion. Next in efficiency was the Carbonate of Lithia, a saline which has recently been highly commended as an eliminant by Dr. Garrod and others. The latter agent is suggested in cases of gouty diathesis. Thirty grs. render urine the strongly alkaline.

Sydenham and "the rest of Mankind."—In a recent number of a highly respected contemporary (*Nashville Journal*) are to be found the following observations :

"There is no connection between medicine and state, and politics have never exerted any influence upon the former. It can never become sectional—it never *was* sectional. It is alone bounded by the confines of sin and misery. Its great and good professors lived through the convulsions of revolutions baptized in blood, without considering such political metamorphoses of sufficient importance to speck their immortal pages by a bare allusion. Sydenham wrote and practiced during the troubles of the Cromwellian revolution, but nowhere even incidentally alludes to them. When London, the city of his residence, was almost destroyed by the great fire of 1666, although an event afterwards noticed as exerting a favorable influence upon its diseases, the great master leaves this physical, with the religious and political revolutions of his time, uncommemorated by a word. He, whatever his works as a man, as a physician, lived and moved and had his medical being in a purer atmosphere."

The object of the writer of the above was certainly a most commendable one—particularly at the present disturbed juncture of political affairs. It is fervently to be hoped that medicine may not follow the politicians into the chaos of sectional strife. Nevertheless it is to be hoped that the author does not quote the example of Sydenham, in this respect, as "one worthy of all imitation." On the contrary, it is clear to the professional mind of the present day, that to properly understand man and his diseases, there must be an acquaintance with *all* the influences operating upon him. Not only local causes and the "constitution of the atmosphere," but all those

recondite, but immensely potent, causes which impress his nervous system, the greatest disturbing influence to which the material frame responds. The changes of the material atmosphere are slight and trivial in their effect, compared with the tremendous changes wrought, even in man's physical constitution, by the mental and moral influences which surround him. These will vary "the type of disease." They will originate new forms of disease; modify or wholly banish the old. The mental and moral forces, operating through the nervous system of the human being, are not mere fantastic shadows, evanescent and infinitesimal in their impression, but grave deep and lasting marks upon the material frame. The mental and nervous forces are as truly potential in determining molecular changes, and consequent functional manifestations, as are heat and light, electricity and magnetism. It is positively fatal to overlook them—the Hamlet of the play. Sydenham can then only be properly interpreted, when we consider that he wholly overlooked, probably, the dominant influence operating on human bodies. The fault extends even to our times, to our standard books, to our standard methods of practice. Nervous forces are neglected or passed over with slight and scanty notice. We diligently scrutinize the blood and all secreted matters for evidences of change, which sometimes we mistake for the cause of change. We carefully note all meteorological influences, but we too often fail to examine into the highest and strongest forces to which material mechanism succumbs. The forces operating through the nervous system do not exhaust themselves in merely influencing "properties," but in causing positive changes in integral structure, and this not only in nervous and muscular tissue, but upon the blood and all fluids, upon secreting glands and surfaces, and upon all parts where modifications are possible from any cause.

Whilst these influences are capable of causing disease, they are likewise, in the hands of the wise physician, powerful to control morbid action. And this not occasionally or acci-

dentally, but constantly and by well defined laws. We may relieve or cure disease by the changes produced by medicines; we may do the same oftentimes by material changes brought about by the operative energy of the mental and nervous forces. Their laws of action are what now demand the close investigation of all enlightened physicians.

The Pious Dodge.—Dr. Brannock of Tenn., chronicles in a recent address an instance not unprecedented:

"A young lady who was remarkably nervous and timid was taken sick, and became very much alarmed. To quiet her fears, and the apprehensions of the family, more than from anything serious about the case, a consulting physician was brought in. He came, approached the bed-side, told her not to be alarmed, that he would cure her, called her *daughter*, kissed her, patted her cheeks, smoothed the hair back from her brow, and raising her gently in his arms he gave her a dose of some simple medicine, then kneeling by the bedside he poured out in strains of the most touching eloquence a petition to Almighty God for her recovery. As might be supposed the young doctor was completely laid in the shade; and the sequel to the story was he got no more practice in that family. Dr. so and so was their family physician. He was *such a good man*, they said."

We knew of a case where the consulting physician, in order to convince the patient and family (in a case of common remittent) of his extraordinary zeal in ascertaining the facts of the case, after having gone through with an unusually long and tedious examination, including the use of a stethoscope applied to every known part of the body, wound up by dipping his finger in the chamber vessel and tasting the urine! He had him there!

Fracture of the Femur.—In the N. Y. State Med. Soc. Dr. Swinburne read a paper advocating treatment of fractures of the femur by simple extension. The pelvis is to be fixed by a perineal belt adjusted and secured by means of adhesive straps applied to the leg so arranged as to bring equal pressure upon the integuments and leaving loops through which a

cord is passed and fastened to the foot of the bed. No splints or bandages are employed, the powerful muscles and fascia of the thigh answering every indication. He claims very considerable advantages for this method and reports a number of cases during an experience of ten years. Average period of extension five weeks, although in the majority of cases union was firm in three or four weeks. But little extension is needed for the first fifteen days. Extension after that period will secure proper length of the limb.

AMERICAN MEEDICAL ASSOCIATION.

Why is not something said or done about what every one admits to be not only desirable but an unqualified necessity—the adjournment of the Am. Med. Association until the return of quietness? It is folly—sheer unmitigated folly, to talk about meeting in Annual Session whilst the American body politic is convulsed and the different sections of the country arrayed in arms against each other. It is nonsense to talk about Medicine having nothing to do with politics when the sword is drawn as the arbiter of national destiny, and the avenues of communication between the North and the South are in the hands of irrepressible mobs or armed soldiery with very little respect for the Medical profession (*“per se”*) above any other men on their travels. The American Association for the Advancement of Science, long since recognized the stern necessity of the case and prudently postponed their meeting appointed at Nashville. Let those who have the matter in charge do the same thing for Am. Med. Association and thus avoid the inevitable and disgraceful *“fizzle”* which is otherwise as certain as destiny.

Where are the Committee of Arrangements, and why do they not move in the matter at once? Or let the President of the Association promptly issue a manifesto on the subject.

We have waited, for reasons readily suggested to any thinking mind, for those at a distance from Chicago to ventilate the

subject—but the stirring events of the hour have evidently caused the Association to be wholly forgotten. It is useless to disguise the matter, the meeting is already adjourned by the condition of the country at large, as effectually as Cromwell adjourned the Long Parliament. Are we to be edified by the pitiable farce of half a dozen ambitious gentlemen assembling in infinitesimal conclave and portioning out the names of the offices among themselves? Is this to be the “lame and impotent conclusion” of the great American Medical Association?

Let us have no idle doubts about constitutional powers to postpone. Whilst you are doubting the thing is done by a higher power—a necessity which knows no law. Rub up your classics, Messieurs Officials, and recollect—*inter arma, leges silent*. We do not wish to be misunderstood—we shall not be misrepresented save by inherently contemptible natures,—we would gladly hail and welcome all our professional brethren, from the Atlantic to the Pacific, from Hudson's Bay to the Isthmus, but we cannot consent to have the Chicago session of the Association hereafter a by-word and a reproach.

Who shall make the official proclamation? We fervently trust that even before this number of our Journal goes out to its readers the words we have written shall have been anticipated in action, either by the President of the Association or by the Committee of Arrangements.

Pray God the time speedily return when the continent shall again see peace, and the peaceful efforts of the Association be nevermore interfered with by the turmoil and confusion of civil war.

MEETING OF THE ALUMNI OF RUSH MEDICAL COLLEGE.

The invitation to the Alumni of Rush Medical College to meet in this city, the day prior to the time appointed for the session of the Am. Med. Association, we are requested to recall. Now is not the time to commence any such organization

as that contemplated in the original call. Events have crowded upon the country which must temporarily put this on one side, as the Association itself is already displaced. Other and better times will come when *alma mater* can greet her alumni under happier auspices. An Association of the Alumni will eventually be formed, but not now when the times are out of joint. When "white-winged Peace" comes again to the distracted country there will be time enough to cultivate all peaceful associations.

Discreditable.—Scarcely any more striking exhibition of folly and fatuity has recently occurred, than was presented in the present Legislature of Illinois a few days since. The Legislature, at the suggestion of several distinguished medical gentlemen of the State, had provided for a board of Medical Examiners to investigate the respective qualifications of the large number of applicants for surgeoncies in the new regiments. Either to defeat the object of the bill, or to gratify innate littleness, (for which he has been previously somewhat eminent,) a person whom, as a penance for their manifold sins, the people of Chicago had been obliged to elect a member of the Legislature, undertook to foist upon the Board an obscure Homœopathist of this city. It was but a bare chance that the profession escaped the deep disgrace of having this individual elected over the worthily eminent Dr. N. S. Davis, finally chosen. The thanks of the profession are especially due to the Hon. Sol. M. Wilson of Chicago, for baffling the discreditable attempt of the "*wildcat*" legislator.

Surgeons to the Militia.—It is stated that for the position of surgeons to the new Illinois regiments, (at the time there being but six to be provided for,) there were over *three hundred and fifty* applications. Who after this will undertake to say that patriotism (with good pay,) is at a discount among Doctors! Eyes right! Draw—Scalpel!—Carve—at a venture!

Pessaries.—The late work of Dr. Hodge has revived inquiry into the real advantage of pessaries, and other mechanical adaptations, for the support of the uterus in its normal position. Thus far the weight of evidence seems strongly to incline against these agents, as anything more useful than temporary palliatives. The speculum, the pessary, the supporter, *et id omne genus*, have each been prodigiously overrated.

The tendency has been to mistake effects for causes, whether with regard to abrasions, ulcerations, prolapsions or versions.

By far the larger proportion of these various difficulties are directly traceable to causes removable, not so much by medicines or mechanical agencies as by correction of habits and regimen. Thus the abominable load of "bustle," skirt and petticoat which women will insist upon wearing is chargeable with the greater part. Then the tendency of even the most angelic of the sex to forget the necessity of regular unloading of the reservoirs of excrete matters. Luxurious cushions and (abomination of abominations!) feather beds; want of exercise, and hot, ill-ventilated rooms. A little common sense brought to bear upon the vast majority of these cases will let vastly more light upon them even than peering through a speculum passed (*horribile dictu!*) through a hole in a sheet. If there be any one object we hold in deeper contempt than a "womb doctor," loaded down with his armamentarium, like an ass under heavy panniers, we have yet to discover the luxury of that lower deep.

Dissection Wounds.—Garrigon revives, in the *Gazette des Hopitaux*, the old practice of keeping the dissection wound soaked in chlorinated water. "This application will always be found efficacious, provided purulent infection have not already set in, when it will be useless."

Sugar Antidotal to Alcohol.—Pure white sugar is proposed as an efficient remedy for drunkenness. The idea is based

upon chemical considerations. It can scarcely prove more than a theoretical medicine in the case, for very obvious reasons. Brandy and sugar notoriously are equally efficient in producing intoxication as "plain brandy—straight."

Asphyxia.—Prof. Thayer objects to the proposition of "the necessity of keeping up the heat of the body during suspended respiration." His plan in such cases is "to expose the body to the air at a temperature considerably below that of the natural heat of the surface, during the continuance of the efforts for restoring respiration. As soon as respiration is established, the body requires the protection of warm clothing, and in the newly-born especially needs the most thorough covering from the air." He founds his practice upon the results of the experiments of Edwards, Astley Cooper, Nunnely and Marshall Hall. The point is worthy of farther elucidation.


Bloodletting et alii.—The venerable Dr. Alexander H. Stevens, in some recent remarks before an eastern medical society, is far from occupying the ground which Prof. Gross has so strongly insisted upon. He fully admits the difference in type of diseases at different times and diverse localities. He observes: "Practical men do not treat their cases altogether, or chiefly, according to their place in nosology. Diseases are not mere names. They are not abstractions. Nature knows none such. The condition of the system, more than the name of the disease, guides the skillful practitioner. Disease of the same name sometimes require a purely tonic treatment; at other times a mixed treatment, and again an antiphlogistic treatment throughout all its stages. These variations are those not only of time, but of place."


Formerly having found much benefit from free bloodletting, both in his own case and his patients, he nevertheless says: "I no longer or very rarely find, at the present time, the indi-

cations for bleeding as laid down by John Hunter and other observers."

"If the practice of fifty years ago were now put in force, patients would be killed outright. They would die before the physician could get out of the house, and our Galens, instead of being saluted with the words which Dr. Robert Jackson has made familiar, 'Oh, sir, you have cut the throat of the fever,' would be told, 'Sir, you have butchered your patient.'"

Nevertheless it is not fitting or right to say that the practitioners of old time were much in error—simply because it is clear that the type of disease has changed, and we may expect will continue to change, as men and their surroundings undergo various mutations. But in one thing there will be no mutation; so long as there remains respect in the human heart for *the true physician*, so long will Alexander H. Stevens, the Nestor of the American Profession, remain *clarum et venerabile nomen*.

 In medicina facile est per ea ipsa interdum decipi, quae facere videntur ad vitandas deceptiones.—*Morgagni*.

 Aegri persuasio et fiducia omni arti et consilio et medicinæ, præferenda.—*Avicenna*.

ADJOURNMENT OF THE JUNE MEETING OF THE AMERICAN MEDICAL ASSOCIATION FOR ONE YEAR.—OFFICIAL NOTICE.

On a previous page will be found the sentiments of this Journal with reference to this common sense movement. The form containing that article had passed through the press and was "past praying for," a week before the reception of the official notice published below. It is to be expected that some grumbling will be heard from divers and sundry individuals whose only hope of notice in the professional world is their

annual exhibition of themselves in the Association, but there can be no doubt that among all sensible, thinking and right-minded members of the Association, this motion will be hailed as one eminently "fit to be made." Reserve your ammunition, Gentlemen of the pop gun order, one year longer, "until you see the whites of the eyes" of your subjects. Bottle up and condense your gas to some degree of sensible solidity. Employ the year in solid work and come next year prepared for some other business than rising to points of order, squabbling over the code, and ventilating your little stock of nonsense about medical education. [*Confidentially.*—The noisiest babblers about raising the standard of medical education we have ever listened to on the floor of the Association, have been those who most astonishingly illustrate in their own persons the necessity for a home-stock of the article.]

The supply of educated medical men will always equal the demand. The force-pump wont improve the matter.

MESSES. EDITORS OF THE CHICAGO MED. JOURNAL:—Please insert the following notice in the May number of your Journal, and oblige your readers. N. S. DAVIS.

American Medical Association.—In accordance with the unanimous advice of prominent members of the Association in the Eastern, Middle, Southern and Western States, we, the undersigned Committee of Arrangements, hereby give notice that the Annual Meeting of the American Medical Association, appointed to be held in the city of Chicago, on the first Tuesday in June, 1861, is *postponed* until the *first Tuesday in June, 1862.*

Chicago, May 1st, 1861.

N. S. DAVIS,	} Com. of Arrangements.
J. W. FREER,	
E. ANDREWS,	
DE LASKIE MILLER,	
THOS. BEVAN,	
J. BLOODGOOD,	
H. W. JONES,	

TABLE OF MORTALITY.

PER CENTAGE IN SEVERAL OF THE LARGER CITIES OF THE U. S.
FOR SEVERAL YEARS PAST.

The large comparative mortality in 1854, it will be recollected, depended upon the Asiatic cholera especially cutting down emigrants. The general result of the table scarcely needs comment. Chicago is a healthy city.

	Boston.	N. York.	Philadel.	Balt.	Charles'n.	N. Ori'a.	St. Louis.	Cinn.	Chicago.
1841—	.....	.....	.....	.....	.....	.....	.....	.....	.....
2—	.....	.....	.....	.....	.....	.....	.....	.....	.....
3—	.....	.....	.....	.....	.....	.....	.....	.....	1.56
4—	.....	.....	.....	.....	.....	.....	.....	.....	2.56
5—	.....	.....	.....	.....	.....	.....	.....	.....	2.38
6—	2.59	2.61	1.70	2.35	2.09	4.13	3.80	.....	2.30
7—	3.10	3.46	1.89	2.58	1.82	8.31	4.62	.....	2.88
8—	2.84	3.25	1.92	2.76	2.32	6.95	3.86	.....	2.60
9—	3.79	4.64	2.28	2.84	2.75	8.05	10.62	.....	5.30
1850—	2.64	3.07	1.96	2.49	2.85	6.03	5.04	.....	4.72
1—	2.68	4.05	1.97	2.40	2.25	5.25	4.39	.....	2.56
2—	2.52	3.63	2.47	2.79	3.59	5.88	4.44	.....	3.44
3—	2.80	3.64	2.01	2.58	2.39	10.24	3.32	.....	1.99
4—	2.82	4.46	2.39	2.89	4.27	6.57	5.35	.....	5.39
5—	2.54	3.43	2.03	2.65	2.18	.....	.....	.....	2.46
6—	2.59	3.06	2.40	2.67	2.86	.....	.....	.....	2.17
7—	2.36	3.16	2.09	2.55	2.86	.....	2.88	.....	2.17
8—	2.25	3.06	2.00	2.64	.....	.....	2.92	.....	2.04
9—	2.14	2.82	1.77	2.23	.....	.....	3.05	.....	1.75
1860—	2.47	2.79	2.04	2.27	.....	.....	3.55	.....	1.88

To Subscribers.—All subscriptions are deemed payable in advance. If any do not happen to be paid thus, we do not in all cases immediately erase the names from the mail book, because the failure, in the large proportion of cases, is merely from oversight on the part of the subscriber. We cannot afford to send out collectors, and therefore hereby constitute each subscriber who is in arrears an agent for the collection of the amount due from himself, and confer upon him plenary powers to send on the *needful* by the earliest ensuing mail after the reception of this notice. As commission on the agency we will insure him prompt transmission of the JOURNAL, and our best efforts to make it readable when received.

Stricture of the Esophagus.—The Journal is promised the details of a case of stricture of the lower portion of the Esophagus (including the *post mortem* appearances) which had been mistaken by very competent medical observers for cancer in the stomach. The case is one of much interest.

Vaccination.—The collection of large numbers of men together in camps and barracks suggests the precaution that each should present satisfactory evidences of recent successful vaccination, or immediately be subjected to this important little operation. Small pox in an unprotected camp is a thousand fold more to be dreaded than the bullets of an enemy. Will our army surgeons see to this?

Camp Diseases.—Germane to the matter just alluded to, we trust that our army surgeons will recollect that in time of war vastly a greater number perish from disease than from "villainous saltpetre" or the sword. Rub up your ideas of dysentery, "malarious" fevers, typhoid, pneumonia, &c., patriotic Brethren; adopt the almost infinitely improved methods of modern practice, and let us hear no more of the awful mortality which has formerly attended these diseases in camp.

Cimicifuga in Epilepsy and Chorea.—A recent discussion in the Philadelphia Co. Med. Society incidently brought up the use of Cimicifuga in Chorea. Our own experience in this matter has happened to be, perhaps, unusually large. We suggest that the Cimicifuga is useful in both Epilepsy and Chorea occurring at or about puberty, from the ages of 11 or 12 to 18 to 20. It is comparatively worthless either before or after these periods. During this time it controls these diseases with an efficiency unequalled by any other remedy with which we are acquainted. The larger proportion of cases occurring at this age, whether in the male or female, are evidently connected with derangement of the sexual system, and

this particular derangement is controllable remarkably by the Black Cohosh. It ought to be added that the Decoction is worthless for this object, the Fl. Extract unreliable, the Powder too bulky and often nauseous. The best form is the saturated tincture of the fresh root. Of this the medium dose is a fluid drachm three or four times a day, continued until a sensation of tightness, or of a band drawn closely over the eyebrows, is produced, when the dose or frequency may be lessened. Of course when this or any other empirical remedy is employed, appropriate regimen and such other medical treatment as may be indicated, should be made use of. *On the whole*, it is a remedy well worth trying in the kind of cases specified—and in these only with any degree of confidence.

Medical Appointment.—Dr. W. V. Keating [“One of the family”—*Devil.*] has been appointed to the position formerly occupied by Prof. Meigs in the Jefferson Medical College. Pending the appointment there has been given a capital opportunity for the friends of a large number of second and third-rate gentlemen to advertise themselves throughout the country as among “the candidates for the succession.” *Facilis decensus, &c.* Be comforted, Gentlemen, remembering that even by Dame Nature you *have* been elected—to fill a vacancy.

O si sic omnia!—The authorities of Aix-la-Chapelle have prohibited all advertisements, either in newspapers or by placards, or otherwise circulated, of therapeutical substances as remedies for diseases of man or beast, under a heavy penalty.

SUMMARY OF MEDICAL SCIENCE.—*Edited by Walter S. Wells, M. D.* Part 1, Chas T. Evans 532 Broadway, N. Y. City.

This initial No. of Dr. Wells' Summary fully sustains the high anticipations we were led to express after looking over the same Editor's Epitome of Braithwaite. The typographi-

cal execution is of the same character, and the general arrangement and selections, very judicious. It is to be issued semi-annually; single Parts \$1.25 or \$2.00 per annum in advance.

AMERICAN MEDICAL BIOGRAPHY.—*Edited by Samuel D. Gross, M. D., Prof. Surgery in the Jefferson Med. College of Philadelphia. Lindsay & Blakiston, 1861.*

This work is intended to meet a want felt by every physician who takes interest in the history and progress of the profession.

Since Dr. Thatcher's work, published some thirty years since, and Dr. Williams compilation of sketches issued in 1845, we have been furnished nothing in book form in the shape of medical biography. The larger proportion of the memoirs in the present work have been furnished by various writers, only a few being from the pen of the editor. Most of these are very readable, but we trust in subsequent editions the Editor will depend more upon his own polished pen and singular felicity of style.

We miss many names worthy of niches in this memorial, but understand that the editor intends, should the present volume meet with professional encouragement, soon to send out another which will suitably commemorate those other and noble names, which we look back upon with pride and veneration. The work is to be had at the bookstores for \$3.50.

Per Sulphate of Iron in Post Partum Hæmorrhage.—Dr. Geo. Mendenhall, of Cincinnati, reports another case of *post partum hæmorrhage* which, not being controllable by ordinary treatment was promptly relieved by intra-uterine injection of two ounces of the saturated solution of per-sulphate of iron. It should be so applied as to entirely wash the inner surface of the uterus. In those rare cases where the usual methods fail, there can be little doubt that this will furnish a most efficient resource.

Castration for Epilepsy.—Dr. Jas. J. Rooker, of Castleton, Indiana, reports a case in the *Cleve. Med. Gaz.*, of castration for the cure of Epilepsy evidently dependent upon the habit of excessive masturbation. The patient was thirty-five years of age, and the disease remarkably severe. The operation has proved entirely successful.

Action of Bismuth.—Prof. J. B. McCaw, in the *Maryland Journal*, gives Bismuth in much larger doses than those usually ordered—sometimes even as much as an ounce in the twenty-four hours. Thus in serous diarrhoeas and “irritable” bowels. So also to neutrallize sulphuretted hydrogen evolved in the intestines. He uses it also as a direct application in erysipelas, burns, excoriations, &c.; also as a general disinfectant in foetid ulcer, sinuses and malignant sores.

Transactions Am. Med. Association.—The *Maryland Journal* is evidently much dissatisfied with the results achieved by the late American Med. Association. It considers the seven papers published with the following running commentary. Thus of the Reports on Topography of Drs. Smith and Dickson: “Dr. Dickson’s is by far the more practical. Dr. Smith has adopted a more extensive plan, but his details are meagre and there is want of unity between the different portions of his essay.” Dr. Pallen’s essay, in which he tells us he considers only ‘strictly ocular’ subjects, seems to us a rather carelessly written compilation.”

“As to Dr. McDowell’s paper, we are surprised at his having written it, and still more, that it should have been published by the Association. It is simply a loose, sketchy, rambling squib, the burden of which is that the Americans are great surgeons, and need no instructions from Europeans or their books.”

“We are glad to be able to speak more favorably of Dr. Sayre’s contribution.”

"Of Dr. Davis' paper we have nothing to say, because it seems to us to contain absolutely nothing."

"Dr. Ayres has rendered a most important service to a truly beneficent movement."

Dr. McDermont's Report "seems to treat more of a matter of policy than of pure science."

"Dr. Miller's address, although sound in its tendency, touches upon this matter (medical education) in general terms, and does not seem to us to strike at the root of existing evils."

"Nor do we think that the Committee's Report, with respect be it said, covers the whole ground of the difficulty."

Now as these several papers constitute the entire product of the Association from May, 1859, till June, 1860, it *seems* a good deal "*like*" our worthy confrere may have an obscure idea, unexpressed, but very expressible, that the American Medical Association has already "survived the period of its usefulness," and its "mission" being thus far accomplished, our glorious profession may struggle throughout another year unilluminated by its annual volume.

Fistula in Ano.—The courtiers of Louis XIV. affected a disease of being cut for fistula, in order to commend themselves to the monarch, who was himself unfortunately the subject of the same disease! According to Dionis, many of these personages were greatly annoyed when told that it was unnecessary in their case. "This disease," says Mad. de Sevigne, "was called the '*Maladie du Roi*,' and became the fashion. It was considered *bon ton* to be affected with it; every one wished to be operated on, and many were so, without cause. Dangeau was too prudent a courtier not to conform to the prevailing fashion. He also had the *maladie du Roi*, and submitted to an operation." [In these days the fashion is to have either Diphtheria or, among the sex, ulceration of the womb.]

According to the Journal of the Marquis of Dangeau, it was on Monday, November 18, 1687, at seven o'clock in the morning that Louis XIV. was operated upon. Dionis informs us that he recompensed like a king all his medical attendants. He gave to Felix, his first surgeon, who performed the opera-

tion, 50,000 crowns; to Daquin, 100,000 livres; to Fagon, 80,000 livres; to Bessieres, 40,000 livres; four apothecaries had each 12,000 livres, and to Rage, a pupil of Felix, he gave 400 pistoles. Never was the cure of so trifling a disease, and so easy an operation, so magnificently rewarded.—*Ribes.*

SUBCUTANEOUS OSTEOTOMY.

Report of a Case of Anchylosis of the Knee Joint Successfully Treated by Subcutaneous Division of the Condyles of the Femur, with Observations on the Application of this Method of Treatment.

BY DANIEL BRAINARD, M. D.,

Prof. of Surgery in Rush Med. College.

In Dec. 1853, the writer published at Paris an Essay devoted in part to the development of "a new method of treating certain deformities of the bones." The plan proposed was that of subcutaneous division, and the object of the brief notice published at that time was principally to *prendre date* and thus be able to establish a claim of priority. Experiments on the bones of living animals and certain theoretical views formed the basis of the plan as then suggested. It has since been resorted to in a number of cases differing widely from each other, and the experience thus acquired has naturally suggested some improvements in the form of instruments and the best method of using them. It is to these points that attention is now invited.

Case.—Wm. H. Brooks, aged 23 years, consulted me in May, 1860, on account of an anchylosis of the left knee. He had in October, 1859, received a cut on the leg below the knee, which at first gave little trouble, healing readily; but at the end of a month pain, swelling and extensive suppuration took place in and around the joint. The abscesses were opened and at the end of three months they were nearly healed.

At the time of the examination the leg was flexed to an angle of 60 degrees with the axis of the thigh, and immovably fixed; the tibia partially dislocated outward and the patella entirely displaced upon the outside of the external condyle of the femur, where it was fixed by bony union. The lower end of the femur was considerably enlarged, numerous scars adhered to its anterior surface, and over the internal condyle was an ulcer as large as a silver dollar, which showed no signs of healing.

The patient's health was poor, and as he had previously been afflicted with eruptions on the skin, deemed scrofulous, he was advised to return home and take the iodide of potassium, which he did to the extent of five grains thrice daily for a month, during which time the ulcer on his knee healed, and his health improved so much that he was able during the summer to do every kind of hard work on a farm which the flexed position of the leg permitted.

Sept. 20, 1860, he returned in good health. The condition of the knee was the same, excepting that it was free from ulceration and tenderness and smaller than before.

The operation was performed Sept. 21, with the assistance of Dr. Edwin Powell and in presence of several medical students, as follows: Chloroform was first given. With the instrument devised for the purpose, (and hereinafter figured,) a puncture was made through the skin and tissues on the outside of the condyle, immediately above the patella. The puncture through the skin was longitudinal, but when it reached the bone the instrument was turned so as to divide it transversely and by slight movements of rotation was carried through the center of the condyles horizontally until the point could be felt beneath the skin on the inner side of the internal condyle. It was then partially withdrawn, and by passing the handle up and down and by passing it forward and drawing it backward, nearly all the cancellated structure of the bone was divided. I then directed the point to the anterior surface and cut the superficial compact layer as much as could

well be done. Finding it difficult to effect this sufficiently, I withdrew the instrument from the bone, but not from the skin, and after carrying it toward the anterior surface of the femur perforated it again and repeated the attempt to divide the superficial layer in front. After having effected this as far as possible the instrument was withdrawn, and the patient lying on the bed on his back, (still insensible); I seized the ankle with my right hand, placed the left under the knee and made efforts, gradually increasing in force, to break the bone. During an effort in the direction of the flexion, and where only moderate force was being employed, a distinct snap was heard and giving way perceived of the leg. The bone had partially fractured in front, and at this point it was left, as I did not, for obvious reasons, wish to complete the fracture at once. The puncture in the skin was left open as long as any oozing of blood continued and then dressed with adhesive plaster. For some days there was a little tenderness on moving the member, but at the end of six days, Sept. 27, this was nearly gone and the puncture in the skin quite healed; there was slight swelling, but no inflammation. The member bent readily at the seat of fracture, but did not extend beyond the point where it was fixed before the operation. I now placed upon it an extending apparatus and turned the screw until a moderate amount of force was employed to straighten, when a distinct snap was heard. As the patient was not under the influence of chloroform and suffered some pain, I desisted and removed the apparatus.

Sept. 28—There was no pain except what resulted from movement and want of support. The extending apparatus was re-applied, and, after giving chloroform, the screw turned so as to straighten the leg about 20 degrees, which was done without much force.

Sept. 30—No pain; extended 15 degrees. After this time the extension was gradually increased until the member was as straight as is desirable for facility of using, which was effected Oct. 4. The bones were not displaced at the fracture, nor was

pressure required to effect the object, but the seat of the old ulcerations on the knee vesicated and ulcerated at the slightest touch, so that the apparatus could be but imperfectly applied to keep up extension and preserve immobility. By great care and frequently changing the dressings this was effected, and Oct. 27, union seemed perfectly firm and the patient went about on crutches, the apparatus having been removed.

Nov. 12—He was brought before the class of Rush Medical College at the clinic. There was but a trace of the ulceration, no tenderness about the knee or the seat of fracture, which was entirely consolidated. Patient puts the member to the ground and supports himself upon it in walking.

During the whole course of treatment there has been no more inconvenience than results from a simple fracture without displacement. The result, so far as danger is concerned, is therefore as satisfactory as could be desired. In appearance the knee is perhaps less regular than after some cases of resection. I have already stated the tibia was partially dislocated outward on the femur and the patella entirely displaced before the operation. By the reduced fracture of the bone displacement of the fragments at the seat of fracture was avoided. Hence after straightening the knee projected somewhat in front, but the firmness of the limb and the readiness with which it was moved Nov. 14, seven weeks after the operation, when the patient returned home, leads me to expect that no great inconvenience will result from this irregularity. *

The case here narrated is the seventh, as far as I am informed, in which this method has been applied. As it is little known, a brief notice of each case may not be out of place here. They are given in part from the author's Report on Surgery made to the Illinois State Medical Society, 1860.

The first case in which it was resorted to, was that of a boy three years old, who had received a fracture of both bones of the leg when an infant, on whom I operated May 15, 1858.

* This patient in April, 1861, walked well and was able to do considerable work.

The deformity was so great as to render the member quite useless. The callus at the point of fracture of the tibia was perforated in two different directions, with an instrument the point of which was one-fourth of an inch in breadth. Efforts were then made to fracture the bone, but without success, and the patient was left ten days at rest, with cold water applied at times, until the inflammation, produced by the operation and efforts at fracture, had subsided. Gradual pressure was then made by means of a straight splint, with a foot-piece applied behind the leg, and a roller passed around the most projecting point of the angularity. In four weeks the member was quite straight, except a projection not considerable, resulting from the overlapping of the fragments. In eight weeks the boy was able to walk with a useful member. This case was reported in the *Chicago Medical Journal* for January, 1859.

The second case occurred in the practice of Prof. Paul. F. Eve, and was noticed in the *Nashville Medical Journal* for March, 1859.

The fracture was of six years date, of the tibia and fibula, in a boy ten years old. "Placed under chloroform and ether, with a brad-awl the tibia and fibula were several times perforated through one opening made in the skin, and the bones re-fractured by the hands. The larger bone yielded readily, but the smaller one was not sufficiently divided." "Owing to the severity of the operation and the free use of anæsthetic agents, we desisted for the time. Ten days afterwards, the fibula was again attacked by the awl, and the limb brought perfectly straight. It was now placed in a fracture box, extension and counter extension maintained as usual, and a weight—a pound of shot in a bag—retained over the point where the angle existed." I afterwards learned from Prof. Eve that his patient recovered with a straight leg.

The third case was by Prof. Pancoast, and noticed in the *Med. and Surgical Reporter* for March, 1859. It was one of ankylosis of the knee, in which extension had been tried.

The operation is thus described: "It is proposed to-day to bore holes in the bone from one external orifice in the soft parts above the knee, where the bone is least covered, and after having thus weakened the part sufficiently, to break the bone either across the knee or by apparatus." "From a single external orifice a half-a-dozen holes were bored through the bone, and after several efforts to break the bone, it was fractured, with a loud crack, distinctly audible over the whole room." The instrument employed by Prof. Pancoast was a gimlet, and he remarked that the operation was dangerous, but less so than that of cutting out a V shaped piece, which is "extremely hazardous." The case was exhibited at the following Clinic, no unfavorable symptoms having followed the operation.

Since writing the foregoing the following letter has been received from Prof. Pancoast, in reply to enquiries I had made. The result shows that the gimlet is not free from objections.

PHILADELPHIA, May 8, 1860.

My dear Sir:—

The result in the case of the lad, whose thigh bone I fractured after perforation, on account of ankylosis of the knee, with the leg in a flexed position, has been good. He is now running about the town, and I exhibited him to our class this winter. The foot comes well down to the ground, and the limb is almost as straight as is desirable in these cases where the knee joint is stiff.

The bone at the point of fracture forms an angle, with the apex projecting into the ham. But this projecting apex in nowise interferes with the vessels or nerves of this region. I should have had even a better result in the case, if the constitution of the lad had not been so weak and scrofulous.

After he had been taken home from the college hospital by his parents, a large abscess formed about the fracture, which was evacuated by a puncture on the side of the thigh. This was owing, I think, to the inattention and poverty of his parents; for after these causes had been provided against, the case which after the formation of the abscess had rendered me anxious, went on well. I was obliged, however, to content myself with a less complete effacement of the angularity at the knee, than would otherwise have been necessary.

The fourth case was ankylosis of the patella to the femur

with false ankylosis of the knee joint, of one year's standing; the result of inflammation. The patient was a healthy girl of 16 years. As the patella could not be moved by strong efforts at flexion of the leg, while she was chloroformed, the skin of the knee was drawn forward over the patella and the broad perforator introduced from the outside and carried between the bones, which, by gentle movements of reaction, and by using it as a lever, loosened the patella with an audible snap. Adhesive plaster was applied over the puncture, and the limb left at rest for ten days, when, by moderate efforts at flexion, the patient being insensible, the patella followed the movements of the leg. Gradual extension straightened the knee in about four weeks, with little pain. This case is noticed in the Chicago Med. Journal for Feb., 1860.

The fifth occurred in the practice of Drs. English and Edgar, of Jacksonville, Ill. The case, interesting in other respects, is reported by Dr. David Prince in the May number of the Chicago Med. Journal, 1860. It was one of deformity, after oblique fracture of the upper portion of the middle third of the femur. Overlapping occurred from loosening of a strip of adhesive plaster, and at the end of five weeks Dr. Prince refractured it, replaced it in dressings, which were retained seven weeks longer, and then removed the splints, union appearing to be solid and the limb straight. From want of support and proper care on the part of the patient and his parents, the callus bent so that the fragments deviated 25 or 30 degrees from a straight line, three weeks after taking off the splints. Twelve or thirteen weeks from the time of refracture, and about six weeks from the supposed time of bending, attempts to straighten it by pressure alone, were made for two days without success.

The following is Dr. Prince's description of the subsequent successful treatment:

"Several weeks now elapsed without treatment, after which three perforations were made through the region of fracture, by Brainard's drill; Dr. English, assisted by Dr. Edgar, hav-

ing the treatment of the case. After waiting a week, extension was applied by means of a long splint, to the distal end of which the mechanical power of Jarvis' Adjuster had been attached. Lateral pressure was made by a sort of tourniquet with a hook passing under a splint upon the posterior part of the limb, and a screw pressing upon the convexity of the bone. It will be readily seen, that such an instrument would easily break down any bone, if the screw were forcibly turned.

The splint having been properly padded, the extension secured by adhesive straps, the counter-extension by a well cushioned perineal band fastening to the proximal end of the long splint, and the wooden ball of the screw of the tourniquet properly secured by gutta percha and padding, from pressing directly upon the prominent bony angle, extension was powerfully applied at the same time with lateral pressure, until a distinct yielding of the crooked bone was perceived. The lateral pressure was then slightly relaxed to avoid injurious pressure of the soft parts against the bone, but the extension was kept up unremittingly. In about three days the curvature disappeared, but as a precaution against accidental bending, the splint, with moderate extension, was kept on two weeks, and the thigh was afterwards protected by a starch bandage."

The sixth case occurred in the practice of Dr. Stephen Smith of the Bellevue Hospital. The patient was a boy ten years old, who had received what was decided to be "partial fracture of the tibia, with laceration of a blood vessel." The toes sloughed and when cicatrization was completed "the incurvation of the leg was considerable and efforts were made to overcome it by compression supplied at proper points, while the limb was fixed in a suitable splint." These attempts proved unavailing. Moderate efforts were then made to re-fracture the limb, but without success. Subcutaneous perforation was then resorted to, "the soft parts being opened at two points and the shaft of the tibia perforated in several directions. The external portion of the shaft, the seat of fracture and of the recently formed callus readily broke down, but the internal portion was penetrated with difficulty." The limb was kept quiet with cold water dressings for about a week, one of the openings for the perforator having suppurated when an

attempt was made to straighten it with the dressings applied. To accomplish this object a strong, unyielding splint was placed upon the internal margin of the limb, resting upon pads placed upon the upper and lower extremities of the tibia; at the seat of the fracture a tourniquet was applied around the splint and limb, having its pad and screw resting directly over the fracture upon the external surface of the limb." "At first the pressure was moderate and at intervals, the object being to bend the bone gradually if softening had occurred. Considerable impression was thus made upon the limb, the deformity having markedly diminished. But sufficient was not gained." "It was determined to place the patient under chloroform and resort to immediate straightening of the limb. At applying all the force which could be brought to bear the bone yielded slightly but perceptibly, and the deformity was still further diminished, but not entirely overcome." A subsequent effort was made to fracture the bone, but it did not prove successful. "The patient left the hospital with his leg somewhat incurved, but as useful, apparently, as the other." *

If this was a case of partial fracture this fact might alone explain the difficulty of straightening. It will be seen that Dr. Smith did not think proper to follow the example of Prof. Eve and weaken the fibula. Notwithstanding that an entire absence of duties impairs the value of this case, it is still useful as showing the safety of the operation and its partial success under circumstances not the most favorable.

The only other case in which this method has been attempted, within my knowledge, came under the care of Dr. H. O. Hitchcock, of Kalamazoo, Mich. It was one of badly united fracture of the femur at the junction of the lower with the middle third. The attempt was made about six months after the accident, but it was found difficult to follow the line of callus, and as the point of one of the instruments broke in

* New York Medical Times, Nov. 3, 1860; p. 310.

the bone, the Dr. feared necrosis and cut down on the callus the next day and sawed it through.



Instruments of various forms and sizes may be required in different cases. The cut represents the one which I used over the femur and on the case of ankylosed patella of half-size. It should be made thick and so firm that in case of need it may be driven with a hammer so as to split the bone. The case of Dr. Hitchcock shows the propriety of having the instruments perfectly tempered, of the best steel, and well tried before applying them on the living subject.

Remarks.—The term “subcutaneous osteotomy” seems to have been first used by Prof. Langenbeck, of Berlin. From an account in Braithwaite’s Retrospect, No. 31, p. 126, by Dr. P. Frank, it appears that “this brilliant acquisition to modern surgery” was first made known by Prof. Langenbeck in 1854, and the operation of sawing through the bone without extensively wounding the soft parts, first performed by him in the summer of that year.

The manner of performing it, as detailed in the paper referred to, is as follows: The integument and soft parts, including the periosteum, were divided by a strong scalpel. The bone was then bored through with a drill two lines in thickness, and a narrow saw introduced into the hole thus made, divided the greater part of the bone, the remainder being fractured. The cases which had been operated on by Prof. L. at the time of the publication were three, all of the tibia, and the result is stated to have been in all satisfactory.

It is not my intention at present to discuss the value of this operation, nor to enquire in how far it may differ from other plans of sawing bones in deep situations, several of which have at different times been proposed. It seems likely that it may be found serviceable in a certain class of cases, but what is worthy of especial notice is that this operation is not in any proper sense subcutaneous. The distinction between subcutaneous and open wounds is now well known to consist in this, that the former are healed without suppuration. Now Prof. Langenbeck says in his publication, "Closure of the wound by first intention happened in none of the cases operated upon, suppuration supervening from the sawn surfaces of the bone. "In the second case the discharge was not inconsiderable and a fortnight elapsed before it subsided." And again, in conclusion, "union by immediate formation of callus, as in simple fracture, cannot be expected after subcutaneous osteotomy, because the small particles of bones detached by the drill and saw act as foreign bodies, which must be eliminated by suppuration."

Experience in a number of cases has proved that by my method subcutaneous osteotomy may be performed without any suppuration; this accident having occurred only in the case of Prof. Pancoast, in which a gimlet was employed. Without going beyond facts already demonstrated, it is now certain that in cases of ankylosis where division of the bone requires to be made in the spongy structure and after fractures where the callus is not too firm, subcutaneous osteotomy by perforation may be performed with much greater advantage than subcutaneous tenotomy; comparatively speaking, since the difference in danger between open wounds of the bones (compound fractures) and those which are subcutaneous (simple fractures) is much greater than that between open and subcutaneous wounds of the soft parts.

HAND-BOOK FOR THE MILITARY SURGEON, being a compendium of the duties of the medical officer in the field, the sanitary management of the camp, the preparation of food, etc., with forms for the requisition for supplies, returns, etc.; the diagnosis and treatment of camp dysentery and all the important points in War Surgery, including gun shot wounds, amputation, wounds of the chest, abdomen, arteries, and the use of chloroform. By Chas. S. Tripler, M. D., Surgeon U. S. Army; George C. Blackman, F. R. M. S., etc. Cincinnati: Robert Clark & Co. 1861, p. 182.

The character and contents of this little volume are sufficiently indicated by the title page. The experience of Surgeon Tripler and the acquirements of Prof. Blackman, are a sufficient guarantee of the correctness of the information which it contains. It is no doubt intended to facilitate the performance of duties by those just entering on the duties of Military Surgeons, and seems well adapted to this end. At this moment we have only time to announce its appearance, but shall take occasion to return to it at some future time. The price is \$1.00.

Death of David Meredith Reese, M. D. LL. D.—This widely known and distinguished medical practitioner, teacher, author and editor, died in New York city the 20th inst., if the daily press brings correct information. We were somewhat prepared for this event, by the descriptions of his case that have been given in the medical press during the past season. A correct memorial of his life, it is to be hoped, will speedily be published. With very considerable attainment, he combined a versatility of talent and readiness of adaptation which rendered him peculiarly formidable in that field for which his faculties best fitted him, and wherein he won his highest laurels—controversy. Dr. Reese scarcely, if ever, brought the lance to rest which once he had couched, or quit the field whilst an enemy remained upon it. All his life long he honored and sustained the profession in that position which

he believed it ought to occupy. If in sustaining his occasionally erratic views, he came into collision with any one, all must admit he was an open and honorable foe; he scorned bush fighting or evasion of any sort. With quick coming flashes of the fiery and impetuous, he combined withal a really genial and easily conciliated nature. This not unfrequently led him into strange inconsistencies, but those who knew him best will coincide with the remark that the source of many of these was such as really to do him honor.

The writer of the present notice, a score of years since, knew and respected him, has ever been on personally friendly relations with him, and yet has been frequently compelled to enter the lists against him in earnest contest. The narrow cliques which so largely influence professional life in New York city, could not discourage or rebuff him; he carved himself a place and fame among them, and established his widely disseminated journal, the *American Medical Gazette*, by his individual efforts when a mortal epidemic seemed to sweep away one after another of those sustained by large quasi associations.

That Dr. Reese was free from several objectionable characteristics, his best friends will not claim; that he has accomplished much for the welfare and advancement of the profession, all must admit. All his life-long he was a *live* man, and a working man. We know many a knavish, plotting, scheming, intriguing charlatan, who will breathe freer, and stride along with a loftier air, now that his keen and trenchant blade is forever sheathed by death; but among the good men and true of our ranks, we do know that there has been and will be a sensation of unfeigned sorrow as the painful intelligence is received.

Truly, "after life's fitful fever, he sleeps well," for he rests beneath memories which bend lovingly over him, as the cypresses and willows over his tomb in beautiful Greenwood.

Appointment.—Ralph N. Isham, M. D., has been appointed to the position of Surgeon to the Chicago Marine Hospital. We learn from a contemporary that this appointment gives satisfaction to not only the gentleman himself who has drawn the prize, but to his friends and admirers. From the same source we learn that "Dr. Isham is a gentleman whose professional attainments, pleasing address, and brilliant style of operating, have won for him no mean reputation, both in the amphitheater and in private practice."

Gen. McLellan.—Perhaps some of our readers may not be aware that this eminent gentleman, to whom has been assigned the command of the North-western division of the national forces, is a son of the late distinguished Prof. George McLellan of Philadelphia, founder of the Jefferson University Medical College. Under his supervision there can be no doubt that the most enlightened and sagacious measures will be adopted for securing the best sanitary condition of the army.

New Practical Treatise on Military Surgery.—Bailliere & Brothers, 440 Broadway, New York City, announce as forthcoming, in a few days, a new work on this subject, by Prof. Frank H. Hamilton, M. D., the well known author and lecturer. The book cannot fail of being valuable and interesting, as it is compendious and timely. It will be in one vol. octavo, and will be mailed, postage free, on receipt of \$2.00, sent to their address.

Financial.—Will our subscribers please to remember, in forwarding their subscriptions, that the large majority of bills now in circulation are ruinously below par? We will receive at par, on subscriptions, bills on all specie paying banks, and on all banks based on the stocks of Northern States or the United States. For other bills we can only credit their market value. All business men will appreciate this proposition as being as liberal as could be desired during the present currency storm.

SELECTED.

ALTERATIONS OF THE TONGUE IN DISEASES.

BY DR. CARL NEIDHARDT.

Omitting other abnormal conditions of the tongue, Dr. Neidhardt arranges his remarks under three heads of coating, smoothness, and dryness.

Abnormal Coatings depend essentially upon a prolongation, loosening, and discoloration of the epithelial processes (*cilia, appendicæ epitheliæ*) of the papillæ. Whether a catarrhal condition is its cause, seems questionable; at least the places on the tongue free from coating show no hyperæmia. Certain it is that disordered nutrition occurs extraordinarily easy in the epithelium of the tongue. As to the *extent* of the coating, it is either total or partial; in the latter case it is either symmetrical, *i. e.*, covers corresponding portions of the tongue, or is unequal, sometimes entirely on one side. This, as well as the coating of the tongue in health, is owing to the motions of the tongue, and the friction it sustains. Thus the coating is found on only one-half of the tongue, as also in cases of one-side neuralgia trigemini. The symmetry of the coating often depends entirely on the form of the tongue, as *f. i.* in the conical; while unsymmetrical, partial coating, may be owing to accidental circumstances, as want of a tooth, projecting teeth, etc.

As variable as the extent, is also the amount or *thickness* of the coating. It also depends mechanically on the use and friction of the tongue, and is not proportionate to its roughness.

The *color* is at first grayish-white. It is changed from substances introduced from without, or from such as come from the body itself. Among the first, articles of food and medicines, as well as atmospherical dust, must be taken into consideration, besides special coloring matters. The discolorations from the body may arise from blood or biliary coloring matter. Blood extravasates on the mucous membrane of the tongue almost only in very severe diseases, when, in consequence of extreme dryness, fissures and rupture of superficial capillaries occur. The color may vary from reddish to black, constituting the rusty coating. The yellow coloration does not seem to be produced by biliary coloring matter, as is generally supposed, for it is found absent in the most intense icterus; it is owing, more likely, to the ingesta. The brownish

color is connected with dryness of the tongue. The so-called *raspberry* tongue depends on the contrast in appearance of the filiform and fungiform papillæ. The latter having but little and translucent epithelium, are plainly to be seen as red points, when the former by the alteration of their epithelium produce the coating; the fungiform papillæ being especially numerous on the anterior half of the tongue, it is here, too, where the raspberry appearance is most observed. This appearance is by no means characteristic of scarlatina, as many believe; it is quite common in children, with slight, and even with normal coating, and has, therefore, neither in children nor in adults the slightest diagnostic value.

The *composition* of the abnormal coating resembles that of the normal coating of the tongue; i. e., it consists of masses of epithelium, epithelial processes with granular cells that are thrown off, fat particles, fungi, and accidental mixtures.

The *cleaning of the tongue* usually proceeds gradually, the coating getting thinner and thinner; it is but seldom that the coating is thrown off in its whole thickness at once. Cleaning over the whole extent of the tongue never occurs at one time. The first clear portion is mostly the point of the tongue, where the cleaning proceeds to the edges and regularly backwards; sometimes the middle, very seldom the posterior portion, are first cleaned. The cause of this variation is, most likely, the varying forms of the frictional motion of the tongue; solution or absorption of the epithelial cells is an unsatisfactory explanation, and has never been proved; and a clearing up of the darkened or discolored cells is certainly very improbable.

The adherence of the coating to the tongue depends generally on its duration; reproduction after artificial removal is undesirable, as showing the continuance of the diseased condition.

The *taste* is either unchanged, especially with slight coating, or cannot be indicated by the words so often quoted.

The *diagnostic signification* of the coating is limited entirely to the fact indicating the existence of some diseased condition in general. [?] In a *prognostic* point of view, the disappearance of the coating is of value, as it is one of the first signs of the decrease of the disease. The significance of the dark coatings of a dry tongue will be considered under the latter heading.

b. *The Smooth or Shining Tongue.*—In consequence of the direction of the papillæ, the tongue, normally, is smooth on

rubbing backwards, but rough to the touch, passing over it from the back, forwards. In disease, an extraordinary smoothness is not of unfrequent occurrence, accompanied, too, by reddening of the mucous membrane, and diminution of papillæ. The papillæ become smaller—and the smaller they become, the greater the reddening; for the epithelial covering becoming thinner at the same time, the blood is more easily seen through it. The abnormal smoothness of the tongue depends on the separation of the epithelial covering. Partial separation causes only partial smoothness. The smooth, shining tongue, being moist, reflects. Abnormal smoothness is found in acute as well as chronic diseases. In the former, it is without diagnostic significance, and, following generally the separation of the coating, has only the prognostic value of the cleaning of the tongue, as the epithelium is quickly reproduced in convalescence. In chronic diseases the smoothness indicates deficient reproduction of epithelium, from greatly disordered nutrition, without, however, indicating the nature of this disorder; it is unfavorable, prognostically, the disease being mostly incurable.

c. *The Dry Tongue.*—Dryness of the tongue is found in various degrees in health as well as in disease. It may be so excessive as to interfere with motion and with taste. The tongue is generally dry, partially, or over the whole extent, only on the back. If the smooth tongue becomes dry, it ceases to reflect. The color depends on the coating, which, as already mentioned, in extreme cases of dryness, becomes dark from fissures and rupture of the blood-vessels. For prognostic purposes, it must be noticed whether the dryness is only temporary or continues, and for how long it can be made to disappear by moistening. Temporary dryness is caused by breathing through the mouth, and is of no consequence. [Though the habit of some persons of breathing continually through the mouth is an unnatural and injurious one—the cause of snoring while sleeping, etc.—L. E.] When dryness lasts for days, and when it cannot be relieved by moistening the mouth, it is serious. Dryness usually commences at the middle, because that portion is least touched by the moisture of the mouth. Diminution of this moisture is the nearest cause of the dryness; the secretions of the mouth may be actually diminished, evaporation increased, or both these circumstances co-exist. Dryness is, therefore, almost always met with in unconscious patients, who do not feel its inconvenience. Its diagnostic importance is limited, excluding accidental dry-

ing circumstances, to the proof of some disease. Appearing in the course of acute disease, and not yielding but for the moment, to moistening, the prognosis is rendered unfavorable; the greater the degree, the more unfavorable, of course. The becoming moist again of the tongue, especially when it continues, is a favorable symptom.

Folds and Cracks of the Tongue.—Folds on the tongue are of no importance whatever. They occur only after about the eighth year, generally, increase in number and depth with age, and are connected with the frequent change in the form and position of the tongue. If the tongue is coated, the papillæ in the folds remain coated longest, on account of their being less exposed to friction. Discolorations, for the same reason, are seen here longest. From the folds, cracks may follow a contraction of the mucous membrane in extreme dryness. As these cracks heal, cicatrices form, which are distinguished from the folds by the absence of papillæ.—*Am. Med. Monthly*.

TRUE RINGWORM.

BY JONA. HUTCHISON,

Of the London and Metropolitan Hospitals.—*Extract.*

Treatment.—From time immemorial it has been customary to employ various local irritants for the cure of ringworm. Ink is the favorite application of mothers, and is a scientific and frequently successful remedy. At the Hospital for Skin diseases, Mr. Startin always blisters the patches with the vesicating fluid. A single blistering is usually sufficient for patches on the skin, but those on the scalp often require two or more. Many surgeons employ nitrate of silver in solid stick. M. Bazin insists strongly on epilation as a means of cure, and there can be no doubt but that it is an extremely important one. By removal of the affected and adjacent hairs we can reduce a ringworm patch on the scalp to the same condition as one of the general surface, thus rendering it much more accessible to the influence of parasitocides. Of the latter it probably does not matter much which we select. The creosote ointment is a very good one, so also is the application of strong acetic acid. The great point in treatment is to keep clearly in mind that the destruction of a vegetable parasite is the object aimed at. It is needless to point out how strongly the fact that ringworm is curable by local means supports the opinions held in this report as its purely local pathology.

Conclusions.—1. True ringworm, or *tinea tonsurans*, may be defined as a disease affecting either the scalp or the general surface, in which circular patches are formed, on which the hairs break off short, and a short, and a slight, branny desquamation is seen, both hairs and epidermic scales exhibiting under the microscope the sporules and thalli of a fungus.

2. Ringworm in the scalp is rarely seen, excepting in children; but on the general surface is not very unfrequent in young adults.

3. It is contagious, and spreads by contagion only.

4. It is not attended by any peculiar form of dyscrasia, but on the contrary, often attacks children in perfect health.

5. It is much more easily curable on the general surface than on the scalp, owing to the circumstances, than in the latter situation the fungus has obtained access to the follicles of the hair.

6. Being a purely local disease, ringworm does not require, *per se*, any constitutional treatment.

7. A purely local treatment, if efficiently pursued, is always and rapidly successful.

8. Epilation, and the use of one or other of the known parasitides, are the measures of treatment required.

9. There is no real difference between ringworm on the general surface.

10. Ringworm, although not unfrequently causing minute vesicles, has no true analogy with herpes.—*Med. Times.*

A SENSIBLE JUDGE'S CHARGE TO THE JURY IN A SUIT FOR MALPRACTICE.

So much ignorance and prejudice in regard to the real moral and legal responsibilities of the surgeon have been frequently evinced in the charge of judges in suits for malpractice, that one in which the real position of a surgeon is appreciated deserves to be spread before the profession.

The charge, which we copy, is in strong contrast with the position taken by Judge Bredin, of Pittsburg, who, in a suit for malpractice, which occurred some years ago, said, that the defendant "was bound to bring to his aid the skill necessary for a surgeon to set a leg, so as to make straight, and of equal length with the other when healed, and if he did not, was accountable in damage, just as a stone-mason would be in

building a wall of poor materials, so that the wall would fall down."

It is now many years since an eminent surgeon of this city was persecuted in this manner, and obliged to pay damages to the amount of more than \$3,000 on account simply of the failure of an operation for cataract on a charity patient.

The late Dr. Horner was, a short time previously to his death, sued for damages to the amount of *one hundred thousand dollars*, in a case where death happened to follow an important operation on the wife of a poor man. Dr. Henry H. Smith acted as an assistant at the operation, and although he had never before seen the patient, nor been consulted in reference to the operation, he was included in the prosecution, and Dr. Horner dying before the case was tried, Dr. Smith was compelled to stand his trial. Had not the bad character of the plaintiff been proved, and the malicious intent of the prosecution been made evident, the surgeon might, from the stupidity of a jury, have been made to suffer severely.

This action was brought by Daniel S. Hamilton against Drs. Squire, Wey, and Smith, for damages alleged to have been sustained by the plaintiff in consequence of a surgical operation performed upon his knee by the defendants. The operation consisted in the removal of a loose or floating cartilage from the knee-joint, by means of what is known among surgical writers as the *valvular mode of incision*. Inflammation of the joint ensued, its disorganization followed, and the ultimate result was a stiff knee; the limb being slightly flexed and bowed laterally, in consequence of destruction of the articular cartilages, and the expanded extremities of the bones entering into the composition of the joint, on its inner side. Damage was claimed to the amount of \$5,000. After a protracted trial, the case was submitted to the jury, in the following charge by Judge Campbell. The jury failed to agree, standing one for plaintiff and eleven for the defendants.

Gentlemen of the Jury:—Every person who enters a learned profession, whether the law or surgery, undertakes to bring to it the exercise of a reasonable, fair, and competent degree of skill.

Invariable success does not attend professional men, any more than those engaged in other pursuits. Indeed, success must with them sometimes depend on other instrumentalities than mere skill. Courts and juries are fallible and may err, and the best advice and labor of counsel in the law may be in vain; and habits of life unknown, and hereditary diseases,

and neglect of directions, and carelessness of nurses, may defeat the labors of the most skillful surgeon. Both the lawyer and surgeon, when they undertake professional business, agree to be responsible for the want of ordinary care—such care as ordinarily prudent men bestow upon their business. This is the responsibility which the law imposes upon them. But it is said the professional man is also bound to use his best judgment, and that judgment should be an enlightened one. This is true; but in cases where there is great difference of opinion among the most skillful and experienced as to surgery, where the most eminent men in the profession differ as to the methods of performing operations, the surgeon who possesses the necessary qualifications will not be held responsible for errors of judgment. He will be chargeable with error only when such error arises from want of reasonable, ordinary skill and diligence, especially if the general character of the operation and treatment has been honest and intelligent.

1st. Was this a proper operation under the circumstances of the case?

2d. Was it proper without the bandage or compression? *

3d. Was the valvular method a proper one?

4th. Was the place where the cartilage was taken out a proper one?

5th. Was the after-treatment proper?

To all these questions some of the most eminent physicians in the State, and I may say among the most eminent in the United States, have given you an affirmative answer. Others, on the part of the plaintiff, who may be equally intelligent, but who have not had equal experience, answer in the negative. Now, in such a case, where there is such difference of opinion, and certainly with the experienced men in the defendant's favor, they should not be held reliable for an error of judgment, even if you should be of the opinion that they did err.

The operation being thus, for the purposes of this suit, warrantable, and the method, place and treatment proper, was the operation performed, and the after-treatment continued, with reasonable skill and care—such skill and care as would be required at the hands of prudent, competent surgeons?

Now, the contract of a surgeon is not to warrant a cure, except such contract be expressly made. He contracts to

* Dr. March, Dr. Markoe, and Dr. French, the three surgeons who have operated for the removal of the loose cartilages, all unite in saying that the operation is warranted without resort to the bandage.

use his best skill, care, and attention. In this particular operation, it appears by the evidence of that eminent surgeon, Dr. March, that he had been uniformly successful. But taking the results of operations by other surgeons, so far as reported, one-fourth are *not* successful. It would not do, therefore, to hold up the responsibility of every surgeon in the land with that of one of the most eminent.

As to the manner in which the operation was performed, you have had the evidence of the defendants, together with that of Mr. Birchfield. If the delay in the operation was caused by the plaintiff, and therefore the time was protracted, the plaintiff cannot recover for any injury caused by such acts of his own.

As to the care and attention after the operation, as I understand, no complaint was made; but, on the contrary, the care and attention were constant, and such as might be expected of a kind and careful surgeon.

I have already observed that, from the evidence, it appears one-fourth of such operations are not successful. The want of success is not necessarily the want of skill.

Three-fourths of the cases are successful; and if the plaintiff had been among the successful number, if his limb had been entirely restored, he might, like the lame man healed by the Apostle, have "ran and leaped with joy." That it was not successful, is undoubtedly a great misfortune to him. Whether it was the fault of the defendants, is for you to say by your verdict.

You must take this case and determine it according to the evidence under your oaths.

In the case of Dr. Smith, it is claimed that he had nothing to do with the operation; that he was merely a looker-on, invited by Dr. Squire, as a simple act of courtesy; and that in point of fact he was not present until the operation was nearly completed, and when the chloroform was sent for. If you believe the evidence of the defendants on this point, of course you should render a verdict in his favor.

Then, if you find that this operation was not performed by Dr. Squires and Dr. Wey with ordinary skill, care, and diligence, you should find a verdict for the plaintiff.

On the other hand, if you find that they did perform the operation with ordinary skill and care, and such as would be required of surgeons holding a responsible position in their profession, then your verdict should be in favor of the defendants.—*M. & S. Reporter.*